03500.015844.

## PATENT APPLICATION

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re A	Application of:	)	
	••	:	Examiner: B. Menberu
TAKA	ASHI KISE	)	
		:	Group Art Unit: 2625
Applio	cation No.: 09/964,656	)	
		:	
Filed: September 28, 2001		)	
_		:	
For:	CONTROLLER, IMAGE	)	•
	FORMING SYSTEM,	:	
	CALIBRATION CONTROL	)	
	METHOD, CALIBRATION	:	
	PROGRAM, AND MEMORY	)	
	STORING THEREIN	:	
	CALIBRATION CONTROL	)	
	PROGRAM	:	July 20, 2006

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## **AMENDMENT**

Sir:

In response to the Office Action dated April 20, 2006, please amend the above-identified application as follows:

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on

July 20, 2006
(Date of Deposit)

Frank L. Cire, Reg. No. 42,419
(Name of Attorney for Applicant)

July 20, 2006
Signature
Date of Signature

Sh Gprors

Docket No.

03500.015844.

Examiner: B. Menberu

Group Art Unit: 2625

Date: July 20, 2006

In re Application of:

TAKASHI KISE

Application No.: 09/964,656

Filed: September 28, 2001

For: CONTROLLER, IMAGE FORMING SYSTEM,

CALIBRATION CONTROL METHOD,

CALIBRATION PROGRAM, AND MEMORY

STORING THEREIN CALIBRATION CONTROL PROGRAM

Mail Stop Amendment THE COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 21	MINUS	** 28	= 0	x \$25 \$50	0
INDEP. CLAIMS	* 6	MINUS	*** 6	= 0	x \$100 \$200	0
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					-0-	

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on

July 20, 2006 (Date of Deposit)

Frank L. Cire, Reg. No. 42,419 (Name of Attorney for Applicant)

> July 20, 2006 Date of Signature

	Verified Statement claiming small entity status is enclosed, if not filed previously.				
	A check in the amount of \$ is enclosed.				
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.				
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.				
	A check in the amount of \$ to cover the fee for a month extension is enclosed.				
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.				
X	Applicant's undersigned attorney may be reached in our Costa Mesa, CA office at (714) 540-8700. Al correspondence should continue to be directed to our address given below.				
	Respectfully submitted,				
	Frank L. Cire Attorney for Applicant Registration No. 42,419				

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3800 Facsimile: (212) 218-2200

Form #120

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